



What is the Disadvantage of the Apgar Score? What is the Advantage of the Obstetric Stange Test?

Natalya A Urakova¹, Aleksandr L Urakov^{2*} and Anastasia P Stolyarenko³

¹Docent of the Department of Obstetrics and Gynecology, Izhevsk State Medical Academy, Izhevsk, Russia

²Professor, Head of the Department of General and Clinical Pharmacology, Izhevsk State Medical Academy, Izhevsk, Russia

³Pediatric Student of the Izhevsk State Medical Academy, Izhevsk, Russia

***Corresponding Author:** Aleksandr L Urakov, Professor, Head of the Department of General and Clinical Pharmacology, Izhevsk State Medical Academy, Izhevsk, Russia.

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Every woman since childhood dreams of giving birth to a healthy, intelligent and capable child and guesses from a young age that this is determined by parental genes and largely depends on the conditions of fetal development during pregnancy. At the same time, physiological childbirth is not usually included in the group of factors influencing the mental capacity of a newborn child. This is supported by the public opinion that future childbirth is the "health strength" test factor for pregnant women only. To prove this point, reference is usually made to the Bible, which cites the following phrase of the Lord after Adam and Eve were expelled from paradise for their original sin: "To the woman He said, I will surely multiply your pain in childbearing; in pain you shall bring forth children" [1].

Nevertheless, physiological childbirth is always a potential threat to the health and life of the fetus, because during strong contractions the uterus squeezes its blood vessels and stops blood supply to the placenta. Therefore, during periods of strong uterine contractions, the placenta stops supplying oxygen to the fetus. Usually such strong contractions last up to 60 seconds. By the way, the intervals between them are 3 to 5 minutes.

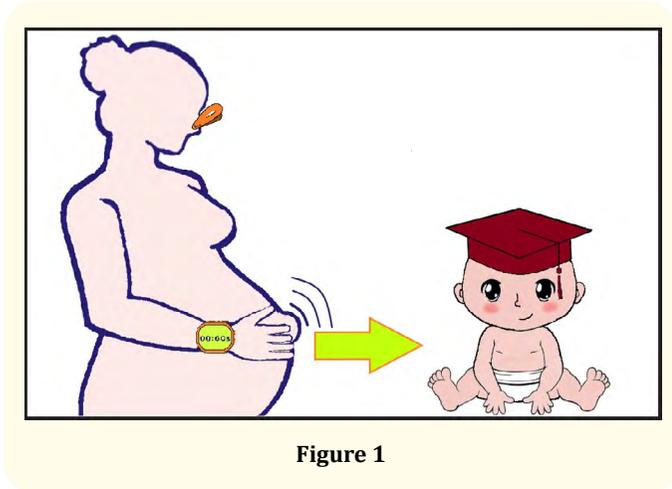
Consequently, strong contractions during childbirth cause periods of acute placental ischemia and intrauterine fetal hypoxia, which can last up to 60 seconds. Therefore, the fetus in every pregnant woman must have a high resistance to acute intrauterine

hypoxia lasting up to 60 seconds. Only then can the fetus remain healthy and alive during repeated periods of acute intrauterine hypoxia caused by childbirth.

It becomes obvious that with low fetal resistance to hypoxia, the fetus will not withstand the ordeal of repeated periods of acute hypoxia that the uterus arranges for it during physiological childbirth. In such cases, the newborn is born blue, not breathing, not screaming, and if he remains alive, then 1 minute after birth he will be given 4-6 points on the Apgar scale and a diagnosis of "Asphyxia". But this obstetrical diagnosis is late because the fetal cortex cells receive hypoxic damage before the Apgar scale is applied...

It is much more reasonable to assess the fetal resistance to the upcoming physiological birth and periods of acute hypoxia in advance (before birth) using the obstetric Stange test [2]. To do this, a pregnant woman puts her hand on her abdomen and uses her fingertips to tactilely detect the fetal body inside the uterus, make sure it is still, voluntarily hold her breath, time it and determine the maximum duration of fetal immobility during the diagnostic apnea test. When the fetus is immobile for 60 seconds, the fetus has a high resistance to hypoxia. Therefore, the fetal cortex cells will not receive hypoxic irreversible damage in physiological birth, the fetus will be born pink, and 1 minute after birth will be given an Apgar score of 8-10. When the period of fetal immobility during

maternal apnea lasts a few seconds, the fetus's adaptation reserves for hypoxia are exhausted. Therefore, physiological childbirth is contraindicated. Only a Caesarean section can keep the fetus healthy.



Bibliography

1. Genesis 3:16. <https://biblehub.com/genesis/3-16.htm>
2. Urakov AL and Urakova NA. "Modified Stange test gives new gynecological criteria and recommendations for choosing caesarean section childbirth". *BioImpacts* 12.5 (2022): 477-478.